

BP-A564.051_IAD Form VI - Evidence of Agent's Authority

IAD FORM VI - EVIDENCE OF AGENT'S AUTHORITY

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Five copies. All copies, with original signatures by the Prosecutor and the Agents, should be sent to the Administrator in the RECEIVING State. After signing all copies, the Administrator should retain one copy for his file, send one copy to the Warden, Superintendent or Director of the Institution in which the prisoner is located and return two copies to the Prosecutor who will give one to the Agents for use in establishing their authority and place one in his file. One copy should also be forwarded to the Agreement Administrator in the sending State.

Evidence of Agents' Authority to Act for Receiving State

TO: (Administrator and Address)

Inmate (Name and Register No.)

is confined in (Institution and address)

and will be taken into custody at said Institution on (date) _____

for return to the County of _____ ,

State of _____ for trial.

In accordance with Article V(b), of said Agreement, I have designated:

Agent's Name and Department Represented

Agent's Name and Department Represented

Agent's Name and Department Represented

whose signatures appear below as Agents to return the prisoner.

(Agent's Signature)

(Agent's Signature)

Dated

Prosecuting Official's Signature

a. Title -

b. County -

c. Address -

d. City / State -

e. Telephone No -

Evidence of Agents' Authority Continued

To: (Warden-Superintendent-Director)

In accordance with the above representations and the provisions of the Agreement on Detainers, the persons listed above are hereby designated as Agents for the State of _____ to return (Inmate's Name and Register No.) _____ to the county of _____, State of _____, for trial.

At the completion of the trial (Inmate) _____ shall be returned to the (Institution and Address):

Dated

Detainer Administrator's Signature

a. Name -

d. City / State -

b. Address -

e. Telephone No -